PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information PHA Name: Lawrence C PHA Type: Small Hi PHA Fiscal Year Beginning: (MM/YYYY	gh Performing		PHA Code: K	Y086	
2.0	Inventory (based on ACC units at time of Number of PH units:	fFY beginning	g in 1.0 above) Number of H	ICV units: <i>130</i>		
3.0	Submission Type 5-Year and Annual Plan	☐ Annua	l Plan Only	5-Year Plan Only		
4.0	PHA Consortia	PHA Consort	tia: (Check box if submitting a join	int Plan and complete table b	pelow.)	
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	Program	nits in Each
	PHA 1: PHA 2:				PH	HCV
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2	only at 5-Year	Plan update.			
5.1	Mission. State the PHA's Mission for ser- jurisdiction for the next five years:					
	To Provide decen	4, Sal	re and Sanite	ary Living	Condit	ions.
5.2	Goals and Objectives. Identify the PHA's low-income, and extremely low-income far and objectives described in the previous 5-	s quantifiable milies for the	goals and objectives that will ena	ble the PHA to serve the nee	ds of low-incor	ne and very
6.0	PHA Plan Update (a) Identify all PHA Plan elements that ha (b) Identify the specific location(s) where elements, see Section 6.0 of the instruction	the public may	ed by the PHA since its last Annu obtain copies of the 5-Year and	al Plan submission: Annual PHA Plan. For a co	mplete list of Pl	HA Plan
7.0	Hope VI, Mixed Finance Modernization Programs, and Project-based Vouchers.	or Developme Include stater	ent, Demolition and/or Disposit ments related to these programs a	ion, Conversion of Public I as applicable.	lousing, Home	ownership
8.0	Capital Improvements. Please complete I	Parts 8.1 throu	gh 8.3, as applicable.			
8.1	Capital Fund Program Annual Statemen complete and submit the Capital Fund Prog open CFP grant and CFFP financing.	gram Annual S	Statement/Performance and Evalu	uation Report, form HUD-50	075.1, for each	current and
8.2	Capital Fund Program Five-Year Action Program Five-Year Action Plan, form HUD for a five year period). Large capital items	0-50075.2, and	l subsequent annual updates (on a	Plan, PHAs must complete a rolling basis, e.g., drop curr	and submit the cent year, and ad	Capital Fund ld latest year
8.3	Capital Fund Financing Program (CFFP Check if the PHA proposes to use any positionance capital improvements.). ortion of its Ca	apital Fund Program (CFP)/Repla	cement Housing Factor (RH	F) to repay debi	incurred to
9.0	Housing Needs. Based on information providata, make a reasonable effort to identify the the jurisdiction served by the PHA, includin other families who are on the public housing issues of affordability, supply, quality, access	e housing need g elderly fami g and Section 8	ls of the low-income, very low-in- lies, families with disabilities, and I tenant-based assistance waiting	come, and extremely low-ind d households of various race	come families w	who reside in

Public Meeting Minutes Housing Authority of Lawrence County March 26, 2010 Annual Update FY 2010



A public meeting was held Friday, March 26, 2010 at 3:00 p.m. in the Community Room at Ray Williams Villa for Public discussion and review of the Housing Authority's FY 20 Annual Update of its five year (2010-2014) Agency Plan

The meeting was called to order by Allen Kelly, board chairman.

Mr. Kelly turned the meeting over to Cheri Preston to discuss the agency's plan. Ms. Preston briefly explained the plan for the up and coming years.

Ms. Preston explained that the tenant input was very little but, the resident meeting went very well. The tenants help priorities as to what needed to be taken care of first at each site.

Ms. Preston went over the budget and explained that now that we are High Performers we will get 5% more Grant money to do improvements.

Ms. Preston asked if there were any questions concerning the Annual Update. Everyone present seemed satisfied with the Annual Plan and budget for 2010 as presented and offered no additional ideas or suggestions.

Chairman

Secretary/Treasurer

HOUSING AUTHORITY OF LAWRENCE COUNTY

FA	CSIMILE TRANSMITTAL SHEET
TO: Big Sandy News	FROM: Cheri Preston
COMPANY:	DATE: 02/02/2010
FAX NUMBER: 606-788-9952	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	sender's telephone number: 606-638-9414
RE: Public Notice advertisement	sender fax number: t 606-638-4699 (Fax)
☐ URGENT ☐ FOR REVIEW	☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE
Please publish the following public	notice in the appropriate section of the newspaper on Wed. Feb 10,

PUBLIC NOTICE

The Housing Authority of Lawrence County is developing its five- year Agency Plan (2010-2014) in compliance with the Quality Housing And Work Responsibility Act of 1998 and is available for review at the Housing Authority's office located at 101 Gene Wilson Blvd # 200, Louisa, KY. 41230 from 8:00 A.M. to 4:00 P.M. M-F. A public hearing will be held Friday, March 26, 2010 at 3:00 P.M. at the address listed above. In case of inclement weather, the meeting will be held Monday, March 29, 2010 at 3:00 P.M. Contact the Authority at 606-638-9414 for additional information.

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Applicant Name	
Housing	Authority of Lawrence County
Program/Activity Receivin	ng Federal Grant Funding
Capital	Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official
Neri Frestm
Signature

Title

rufive Divector

Date (mm/dd/yyyy

3-26-10

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name Housing Authority of Lawrence County	
Program/Activity Receiving Federal Grant Funding	
Acting on behalf of the above named Applicant as its Authorize the Department of Housing and Urban Development (HUD) regal I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	(1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such convictions. e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such convictions. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee of whose grant activity the convicted employee was working unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted (1) Taking appropriate personnel action against such are
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.
2. Sites for Work Performance. The Applicant shall list (on separate partial HUD funding of the program/activity shown above: Place of Perform Identify each sheet with the Applicant name and address and the program/activity each sheet with the Applicant name and address and the program is check here if there are workplaces on file that are not identified on the attack. Thereby certify that all the information stated herein, as well as any informations: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	hed sheets.
Name of Authorized Official Altri treston Ignature	Executive Divector 324/10

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Feder	al Action:	2 Donard Turner	
a. contract	,		3. Report Type:	
b. grant	:	offer/application al award	a. initial filing	
c. cooperative agreement			b. material char	-
d. loan	C. post	-award	For Material Chan	-
e. loan guarantee				_ quarter
f. loan insurance			date of last repo	ort
4. Name and Address of Reportin	a Entity:	5 If Paparting En	ltity in No. 4 is a Subawa	andaa Fataa Naasa
Prime Subawardee		and Address of		ardee, Enter Name
Tier		and Address of	rime.	
	" MICHIII.			
Congressional District, if known	1: 4c	Congressional I	District, if known:	
6. Federal Department/Agency:			m Name/Description:	
			P	
		CFDA Number, i	f applicable:	
8. Federal Action Number, if known	7:	9. Award Amount	, if known:	
		\$		
10. a. Name and Address of Lobby	ing Registrant	h Individuals Per	forming Services (includ	ling address if
(if individual, last name, first n	•	different from N		ing address ii
, , , , , , , , , , , , , , , , , , , ,	,,.	(last name, first	•	
		(14011141116) 11101	mamo, mi,	
		= ,	i i i i i i i i i i i i i i i i i i i	
11. Information requested through this form is authorized	by title 31 U.S.C. section	Signature:	in Herry	
1352. This disclosure of lobbying activities is a mat upon which reliance was placed by the tier above when		7 1	· 47	
or entered into. This disclosure is required pursuan information will be available for public inspection. An		Print Name:	er, rrestu	
required disclosure shall be subject to a civil penalty of		Title:	will arecon	<u> </u>
not more than \$100,000 for each such failure.		Telephone No.:	0010-638-9414	Date: 3/20/10
		I		
Federal Use Only:				red for Local Reproduction

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter
 the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal
 action.
- 4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizationallevel below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- 8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Certification for a Drug-Free Workplace Housing Authority of Lawrence County

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- b. Establishing an on-going drug-free awareness program to inform employees ---
 - (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
- 2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Ray Williams Villa 101 Gene Wilson 1814d.#200 Louisa Ky. 41230

Bird Hayes Manor 109 Fyffe St #117 Louisa Ky. 41230

Check here		if there are workplaces on file that are not identified on the attached sheets.
------------	--	---

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official ARY VESTON	Title	Executive Director	
x Deid Hestin		326-10	
			~~~

### HOUSING AUTHORITY OF LAWRENCE COUNTY Board Resolution No. 10-101

Be it resolved by the board of commissioners of the Housing Authority of Lawrence County that we approve the Violence Against Women Act this is attached.

Adopted: 2-25-10

Chairman

Secretary / Treasurer

### **Housin Authority of Lawrence County**

### VIOLENCE AGAINST WOMEN ACT

An incident or incidents or actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and shall not be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

HALC may terminate the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants.

HALC may honor court orders regarding the rights of access or control of the property, including EPO's, DVO's, and other orders issued to protect the victim and issued to address the distribution or possession or property among household members where the family "breaks up."

There is no limitation on the ability of HALC to evict for other good cause unrelated to the incident or incidents of domestic violence, dating violence or stalking, other than the victim may not be subject to a "more demanding standard" than non-victims.

There is no prohibition on HALC evicting if it "can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's (victim's) tenancy is not terminated."

Any protections provided by law which give greater protection to the victim are not superseded by these provisions.

HALC may require certification by the victim of victim status on such forms as the HALC and/or HUD shall prescribe or approve.

See Appendix A Violence Against Women Act (VAWA) policy for additional information.

### APPENDIX A

Violence Against	Women.	Act (V	AWA	) Policy
------------------	--------	--------	-----	----------

## HOUSING AUTHORITY of LAWRENCE COUNTY VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY

I. Purpose and Applicability

The purpose of this policy is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth the Housing Authority of Lawrence County (HALC) policies regarding domestic violence, dating violence, and stalking, as defined by the Department of Housing and Urban Development.

This Policy shall be applicable to the administration by HALC of the federally subsidized Public Housing and Section 8 rental assistance programs under the United States Housing Act of 1937 (42 U.S.C. §1437 et seq.). Notwithstanding its title, this policy is genderneutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

II. Goals and Objectives

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA.
- B. Providing and maintaining housing opportunities for child and adult victims of domestic violence, dating violence or stalking.

C. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence or stalking, affecting individuals assisted by HALC.
III. Other HALC Policies and Procedures
This Policy shall be referenced in and attached to HALC's Public Housing Agency Plan and shall be incorporated in and made a part of HALC's Admissions and Continued Occupancy Policy and Section 8 Administrative Plan.
To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of HALC, the provisions of this Policy shall prevail.
IV. Definitions as relate to this policy:
Definitions of domestic and dating violence refer to standard definitions in the Violence Against Women Act. The definition of stalking provided in Title VI is specific to the housing provisions.
As used in this Policy:
A. Domestic Violence – The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
B. Dating Violence – means violence committed by a person:

- (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (B) where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - (i) The length of the relationship.
- (ii) The type of relationship.
- (iii) The frequency of interaction between the persons involved in the relationship.
- C. Stalking means:
- (A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and
- (B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to
  - (i) that person;
  - (ii) a member of the immediate family of that person; or
  - (iii) the spouse or intimate partner of that person;
- D. Immediate Family Member means, with respect to a person -
- (A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
- (B) any other person living in the household of that person and related to that person by blood or marriage.
- E. Perpetrator means person who commits an act of domestic violence, dating violence or stalking against a victim.
- V. Admissions and Screening

A. Non-Denial of Assistance. HALC will not deny admission to the Public Housing or Section 8 rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

### VI. Termination of Tenancy or Assistance

- A. VAWA Protections. Under VAWA, Public Housing residents and persons assisted under the Section 8 rental assistance program have the following specific protections, which will be observed by HALC:
- 1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.
- 2. In addition to the foregoing, tenancy or assistance will not be terminated by HALC as a result of criminal activity if that criminal activity is directly related

to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the resident's control, and the resident or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

(a) Nothing contained in this paragraph shall limit any otherwise available authority of LHA or a Section 8 owner or manager (landlord) to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the resident or a member of the resident's household. However, in taking any such action, neither HALC nor a Section 8 landlord may apply a "more demanding standard" to the victim of domestic violence dating violence or stalking than that applied to other residents.

- (b) Nothing contained in this paragraph shall be construed to limit the authority of HALC or a Section 8 landlord to evict or terminate from assistance any resident or lawful applicant if the owner, manager or HALC, can demonstrate an actual and imminent threat to other residents or to those employed at or providing service to the property, if the resident is not evicted or terminated from assistance.
- B. Removal of Perpetrator. Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, HALC or a Section 8 landlord, may "bifurcate" a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a resident or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the resident or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by HALC. Leases for all Public Housing units shall contain provisions setting forth the substance of this paragraph. Section 8 landlords will be encouraged to add this provision to leases for dwelling units occupied by families assisted with Section 8 rental assistance administered by HALC.

VII. Verification of Domestic Violence, Dating Violence or Stalking

A. Requirement for Verification. The law allows, but does not require, HALC or a Section 8 landlord to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a resident or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. HALC shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by HALC. Section 8 owners or managers receiving rental assistance administered by HALC may elect to require verification, or not to require it as permitted under applicable law.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

- 1. HUD-approved form by providing to HALC or to the requesting Section 8 landlord, a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
- 2. Other documentation by providing to HALC or to the requesting Section 8 owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
- 3. Police or court record by providing to HALC or to the requesting Section 8 owner or manager a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.
- B. Time allowed to provide verification/ failure to provide. An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by HALC, or a Section 8 landlord to provide verification, must provide such verification within 14 business days (i.e., 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

VIII. Confidentiality

A. Right of confidentiality. All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to HALC or to a

Ann	Annual Statement/Performance and Evaluation	ation Report			
Cap	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary	rogram Replacement Ho	ousing Factor (	CFP/CFPRHF) Pai	rt 1: Summary
PHA Name:	PHA Name: Lawrence County Housing Authority	Grant Type and Number	25D085501 10		Federal FY of Grant:
		Capital Fund Program Grant No: <b>A 1 30F U803U1-1</b> U  Replacement Housing Factor Grant No:	30FU863UI-1U o:		FY10
xOrig □Per	*Original Annual Statement Reserve for Disasters/ Emergencies Performance and Evaluation Report for Period Ending:	encies Revised Annual Statement (revision no: )	t (revision no: )		
Line No.	Summary by Development Account	Total Estimated Cost	Cost	Total A	Total Actual Cost
		Original	Revised	Obligated	Exnended
_	Total non-CFP Funds				
2	1406 Operations	40,000.00		The state of the s	
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs		The state of the s	The state of the s	
4	1410 Administration				
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
6	1450 Site Improvement				
9	1460 Dwelling Structures	90,214.00			
Ξ	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines)	130,214			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security -Soft Costs			Anny takan kanala da ana ana ana ana ana ana ana ana ana	

Capital Fund Program Tables Page 1

Ann	Annual Statement/Performance and Evaluation Report	tion Report	
Cap	ital Fund Program and Capital Fund Pi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary	P/CFPRHF) Part 1: Summary
PHA Name:	Vame:	Grant Type and Number	Federal FV of Crant:
Law	Lawrence County Housing Authority	Capital Fund Program Grant No: KY36P086501-10	
		Replacement Housing Factor Grant No:	FY10
xOrig	xOriginal Annual Statement Reserve for Disasters/ Emergencies	encies Revised Annual Statement (revision no: )	
Per	Performance and Evaluation Report for Period Ending:	_	
Line	Line Summary by Development Account	Total Estimated Cost	Total Actual Cost
No.			
	Amount of Line XX related to Security Hard Costs		
	Amount of line XX Related to Energy Conservation		
	Measures		
	Collateralization Expenses or Debt Service		
			<del>-</del>

Annual State	Annual Statement/Performance and Evaluation	n Report						
Capital Fund	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)	ram Rep	lacement H	ousing Fact	tor (CFP/C	(FPRHF)		
Fart II: Sup	rari II: Supporting Pages							
PHA Name:		Grant Type	Grant Type and Number			Federal FV of Grant: FV10	Frant FV10	
Lawrence Count	Lawrence County Housing Authority	Capital Fund Replacemen	Capital Fund Program Grant No: KY36P086501-10 Replacement Housing Factor Grant No:	i: KY36P086	501-10			
Development	General Description of Major Work	Dev.	Quantity	Total Estimated Cost	nated Cost	Total Ac	Total Actual Cost	Status of
Number	Categories	Acct						Work
Name/HA-Wide Activities		No.		Original	Revised	Funds	Funds	
PHA WIDE	Operations	1406		40,000.00		namenco	napiladya	
PHA Wide	Security System	1460		90,214.00				

1						- · · · · ·			 	·	 	 	1	,	,	7	_	· ·	
	(CFP/CFPRHF)	Federal FY of Grant: FY10	Reasons for Revised Target Dates																
	ng Factor			Actual															
	ement Housi	01-10	All Funds Expended (Quarter Ending Date)	Revised															
n Report	ram Replace	Grant Type and Number Capital Fund Program No: KY36P086501-10 Replacement Housine Factor No:	All (Qu	Original	0.000,0170	9/12/2013	0/17/2013	2/12/21/2		1									
Evaluatio	und Prog	Type and Numal Fund Program	ed ate)	Actual															
ince and I	Capital Fu	Grant Capita Repla	All Fund Obligated (Quarter Ending Date)	Revised															
//Performa	gram and entation Sc	Authority	All (Qua	Original	0/13/2012	7172/2017	6/12/2012												
Annual Statement/Performance and Evaluation Report	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  Part III: Implementation Schedule	PHA Name: Lawrence County Housing Authority	Development Number Name/HA-Wide Activities		PHA Wide		KY86-01 & 02												

Capital Fund Program Five-Year Action Plan

Part I: Summary

DLIA Nome			The state of the s		
I manie	. 1			XOriginal 5-Year Plan	
Lawrence County	- 1			Revision No:	
Development	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
Number/Nam	2010	FFY Grant:	FFY Grant:	FFY Grant:	FFY Grant
e/HA-Wide		PHA FY: 2011	PHA FY: 2012	PHA FY:2013	PHA FY: 2014
PHA Wide		43068	25000	20717	
		10000.	77754	4/483	48982
KY086-001		100493	105517	110793	117204
B.H. Manor			,		+/7+11
KV086-002				A CONTRACTOR OF THE PROPERTY O	***************************************
700-000-VI					
K. W. Villa					
			The state of the s		
Total CFP	130124	143561	150739	720851	2ECC31
Funds (Est.)				0/7001	1032/0
Total					
Replacement					
Housing					
Eactor Dunds					
I actor Fullus					
			- The state of the		

Capital Fund Program Five -Year Action Plan Part II: Supporting Pages---Work Activities

	<del></del>			<del></del>	 ,		 	 		 	 
	Estimated Cost		48083	10/02		114294					163276
Activities for Year: 5 FFY Grant: 501-14 PHA EV: 2014	Major Work Categories					Parking Lots					
	Development Name/Number					Ky086-001 Bird Haves Manor					
	Estimated Cost		47483			110793					158276
Activities for Year: 4 FFY Grant: 501-13 PHA FY: 2013	Major Work Categories					Remodel office / community room					
	Development Name/Number		PHA Wide			KY086-001 Bird Hayes Manor					Total CFP Estimated Cost
Activities for Year 1	See	Annual	Statement								

ii	Part I: Summary					
Name/Nu	PHA Name/Number Lawrence County KY086	Sounty KY086	Locality (City/County & State)Louisa/Lawrence KY	Louisa/Lawrence KY	XOriginal 5-Year Plan	Revision No:
Develop Name	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	µ حال
		FFY 2010				
Physical Subtotal	Physical Improvements Subtotal	Annual Statement	100,493	105,517	110,793	114,294
Manage	Management Improvements			The state of the s		
PHA-W	PHA-Wide Non-dwelling					
Structur	Structures and Equipment					
Administration	stration					
Other						
Operations	ons		43,068	45.222	47 483	48 082
Demolition	tion		1111111		004.	40,302
Development	oment			The state of the s		
Capital	Capital Fund Financing —			- Company - Comp		
Debt Service	rvice					
Total C	Total CFP Funds					
Total No	Total Non-CFP Funds					
Grand Total	[otal	130,214	143.561	150 739	158 276	469.076
				)))	0.77,007	02.270

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/20011

	Г	T	<u> </u>			TT	T	T	ГТ
	lan Revision No.			1406 - 48,982	114,294				
	X Original 5-Vear Plan	Work Statement for Year 4 FFY 501-13		1406 - 47,483	110,793	c			
	Louisa/Lawrence KY	Work Statement for Year 3 FFY 501-12		1406 - 45,222	105,517	C			
	Locality (City/county & State)Louisa/Lawrence KY	Work Statement for Year 2 FFY 501-11		1406 - 43,068	100,493	0			
tion)	unty KY086	Work Statement for Year 1 FFY 501-10	Annual						
Part I: Summary (Continuation)	PHA Name/NumberLawrence County KY086	Development Number and Name		PH Wide	KY086-01	KY086-02			
Pai	PH,								

Part II: Sup	Part II: Supporting Pages - Physical Needs Work Statement(s)	Statement	(8)			
Work	Work Statement for Vear 2011	2011		121 111	0400	
Statement for	FFY 04/01/2011		1	Work Statement for Year: 2012 FFY 04/01/2012	ear: 2012	1
Year I FFY 501-10	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Operations		43,068	Operations		45 222
Annual						10,424
Statement	KY086-01			KY086-01		
	Renovate Bathroom	38	100,493	Windows Siding		105.517
	KY086-02			KY086-02		
					***************************************	
	Subtotal of Estimated Cos	Cost	\$ 143 561	Subtotal of Estimated Cost	nated Cost	\$
			00.01			150,739

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/20011

Part II: Sup	Part II: Supporting Pages - Physical Needs Work Statement(s)	tatement(s				
Work	Work Statement for Year 2013	3		Work Statement St. V	014	
Statement for	FFY 4/01/2013			Work Statement for Year: 2014 FFY 4/01/2014	410	
Year I FF Y	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Operations		47,483	Operations		48,982
Statement	KY086-01					
	Remodle office / commissionist			KY086-01		
			110,793	Parking Lots		114,294
	KY086-02			KY086-02		
				•		
	Subtotal of Estimated Cost	st	8	Subtotal of Estimated Cost	Cost	69
			158,276			163,276

Part III: Sup	Part III: Supporting Pages - Management Needs Work Statement(s)	ment(c)		
Work	Work Statement for Voor			
Statement for	FFY		Work Statement for Year:	
Year 1 FFY	Development Number/Name General Description of Maior Work Categories	Estimated Cost	Development Number/Name	Estimated Cost
See	Carlo		General Description of Major Work Categories	
Annual				
Statement				
	C. L. T. J. L. L. D. J. L. C. J. L. L. C. J. L.			
	Subtotal of Estimated Cost	<del>∨</del>	Subtotal of Estimated Cost	69

				Estimated Cost															49
		Work Statement for Year:	FFY	Development Number/Name	Concrat Description of Major Work Categories													. ?	Subtotal of Estimated Cost
Nork Statement(c)	(c)memers	-	Patimet, 10	Estimated Cost														•	9
Part III: Supporting Pages - Management Needs Work Sta	Work Statement for Year	FFY	Development Number/Name	General Description of Major Work Categories														Subtotal of Estimated Cost	100
Part III: Sup	Work	Statement for	Year 1 FFY		See	Annual	Statement								10000000000000000000000000000000000000				